

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>MULTIPLE DEPENDENT CLAIM</b>  <b>FEE CALCULATION SHEET</b>            (FOR USE WITH FORM PTO-875)</p> </div> <div style="width: 35%;"> <p>SERIAL NO. <b>091802314</b></p> <p>APPLICANT(S)</p> </div> </div>							FILING DATE						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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2							52						
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50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CL.						

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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